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SERIAL NUMBER 10/057,632	FILING DATE 01/25/2002 RULE	CLASS 514	GROUP ART UNIT 1639	ATTORNEY DOCKET NO. 200.1079CON7
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/154,354 09/17/1998 PAT 6,552,031 ✓
 which claims benefit of 60/059,195 09/17/1997 ✓

** FOREIGN APPLICATIONS *****

PP
 NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/28/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CT	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature <i>PP</i> Initials				

ADDRESS

23280
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 NEW YORK, NY
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TITLE

Analgesic combination of oxycodone and T-614

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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